

PLACE OF BIRTH

1. County of Yuma
 District of _____
 Town of Hayden
 or _____
 City of _____ No. _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 126
 County Registrar No. _____
 Local Registrar No. 16

2. Full name of child Edwarado Santana (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. No., in order of birth _____
 6. Legitimate? Yes
 7. Date of birth March 10, 1928
 Month Day Year

8. FATHER
 Full name Paula Santana

9. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 34 (Years)

12. Birthplace (city or place) El Paso
 (State or country) Texas

13. Occupation laborer
 Nature of Industry Copper Smelter

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 8
 (b) Born alive but now dead 3
 (c) Stillborn _____

14. MOTHER
 Full maiden name Isabel Olasco

15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

16. Color or race Mexican
 17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Mazatlan
 (State or country) Mexico

19. Occupation Housewife
 Nature of Industry

21. Were precautions taken against ophthalmia neonatorum? ?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 2:30 P. m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Polito Santana Father
 Address Hayden, Arizona
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____ Filed March 12, 1928

Registrar

Filed _____, 19____

Local Registrar.

County Registrar.

521-310-8660